Office of the Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

May 13, 2014

MEMORANDUM

To: Members of the Board of Education

From: Joshua P. Starr, Superintendent of Schools

Subject: Secondary Comprehensive Health Education Curriculum Framework

The purpose of this memorandum is to present to the Board of Education (Board) for its consideration the revised Montgomery County Public Schools (MCPS) Secondary Comprehensive Health Education (CHE) Curriculum Framework (Attachment A), which establishes curriculum requirements for the courses that students take for one marking period during each year in middle school and for the 0.5 credit course that is a high school graduation requirement.

Prompted by the Board's action in May 2013, MCPS has undertaken a thorough review of our Secondary CHE Curriculum during the past year. As explained in more detail below, the proposed Secondary CHE Curriculum Framework: (a) reflects curriculum standards developed by the Maryland State Department of Education (MSDE) in the content area of health; (b) aligns with the National Health Education Standards (NHES); (c) applies research-based guidance on health education curriculum development through utilization of the Health Education Curriculum Analysis Tool (HECAT) prepared by the Centers for Disease Control and Prevention; (d) builds upon the experiential knowledge of MCPS teachers and administrators over many years of implementing health education programs; and (e) is consistent with core MCPS community values, as outlined in our Strategic Planning Framework: *Building Our Future Together, Students, Staff, and Community*.

Throughout the curriculum review process, MCPS solicited feedback from stakeholders including health educators, MCPS leadership, MCPS students, community members, the Curriculum Advisory Assembly, and the Curriculum Advisory Committee (CAC) (Attachment B). In addition to the extensive input referenced above, there will be an opportunity for public comment prior to the framework being presented to the Board for final approval on June 17, 2014.

Background

The most recent revisions to the health education curriculum for the middle school and high school levels were adopted by the Board on June 12, 2007. The 2007 revisions were consistent with a legal settlement that was approved by the Board in 2005 to resolve a legal challenge filed

by Citizens for a Responsible Curriculum and Parents and Friends of Ex-Gays and Gays in the United States District Court for the District of Maryland. Even though the 2007 revisions complied fully with the 2005 settlement, Citizens for a Responsible Curriculum and other opponents brought yet another legal challenge. They raised constitutional, statutory, and regulatory objections to four 45-minute lessons—two each in the Family Life and Human Sexuality units of the Grade 8 and Grade 10 curriculum—that were designed to promote tolerance, empathy, and respect for all people regardless of sexual orientation. They also challenged one 45-minute lesson in the Disease Prevention and Control unit of the Grade 10 curriculum designed to demonstrate proper application of a condom, while emphasizing that abstinence is the only 100 percent effective method of preventing sexually transmitted infections and pregnancy. The Maryland State Board of Education rejected every one of these challenges, and early in 2008, Judge William Rowan, III of the Montgomery County Circuit Court affirmed the State Board's decision.

As has long been our practice even before the 2007 revisions, MCPS has continued to ensure that there is ample community input in the review of materials selected for use in health education. Additionally, parents have had and will continue to have the opportunity to review the Family Life and Human Sexuality and Disease Prevention and Control units of the proposed Framework at parent meetings before those units are taught, and they must provide informed written consent in advance for students to participate in those units. Students who do not have parental consent participate in alternative instruction on different health topics. MCPS procedures in this respect meet or exceed requirements set forth in the Code of Maryland Regulations (COMAR) § 13A.04.18.01. It is important to note that parents overwhelmingly have chosen to have their children participate. For instance, more than 97 percent of students opted into the permission portions of the curriculum during the 2012-2013 school year.

Process for Development of the Secondary CHE Curriculum Framework

On May 14, 2013, the Board of Education called for a systematic review of the Grade 8 and Grade 10 health education curriculum, and it also took action to align procedures for conducting this review so they are consistent with the approach that MCPS utilizes for development of other curriculum frameworks under Policy IFA, *Curriculum*, and accompanying MCPS Regulation IFA-RA, *Curriculum*. Staff in the Office of Curriculum and Instructional Programs (OCIP) took the opportunity to review the entire Secondary CHE Curriculum, predicated upon the following philosophy:

- The goal of any curriculum is to provide all students with essential learning and knowledge relevant to the real world and content that will prepare them for college and career.
- The curriculum is well balanced among the disciplines and culturally relevant for all students.
- The curriculum provides opportunities for all students to think critically and creatively to experience success in solving complex problems.
- The curriculum is both challenging and engaging, so that students feel a sense of social awareness, self-awareness, and accomplishment in understanding the relevance of health concepts to their lives related to what they are learning.

- The curriculum provides a clear alignment of essential learning and knowledge, instruction, and formal assessment measures.
- The development and implementation of the written, taught, and learned curriculum reflects current research, best practices, benchmarking from other districts, monitoring student progress, and use of technology to support instruction.

Stakeholder Engagement

Stakeholder involvement and input on health education are critical to the curriculum development process. Currently, each content team in MCPS engages parents, community members, and educators in a CAC, as well as a cross-content Curriculum Advisory Assembly convened by the associate superintendent for Curriculum and Instructional Programs. Additionally, each content team convenes educators to evaluate and select textbooks and instructional materials.

The Health CAC replaces the Board-appointed Citizens Advisory Committee on Family Life and Human Development (CACFLHD). The Board's action in May 2013 dissolved CACFLHD in response to revisions to COMAR § 13A.04.18.01 in March 2011 that changed state mandates for health education. After the Board dissolved CACFLHD, former members were invited to join the CAC for the Health Team, and many did. In addition, reports and recommendations issued by CACFLHD informed the curriculum review process.

The CAC provided feedback on the existing health education curriculum, as well as secondary health education standards and key concepts. The CAC also reviewed a draft of the proposed Secondary CHE Curriculum Framework. In addition to the CAC, OCIP staff members solicited feedback from a variety of stakeholder groups. School administrators, teachers, parents, students, medical professionals, community members, and central services staff members have reviewed the framework and provided input or feedback through formal and informal meetings (Attachment B). Fifteen community stakeholder meetings were held during the 2013-2014 school year. The proposed Framework reflects the dedication and responsiveness of committed teachers, administrators, parents, students, and central services staff members to serve a student population with a wide range of needs, interests, and talents.

Summary of the New Curriculum Framework

As is the case for other aspects of the curriculum, the Secondary CHE Curriculum Framework sets expectations for student learning that enable principals, teachers, students, and parents to understand what students should know and be able to do in secondary health education at each grade level in middle school and for the 0.5 credit health education course in high school.[1] The Framework will be used to structure the development of professional development and instructional resources in the Instruction Center on *myMCPS*.

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[1] The K-5 Health Education standards are included in the Elementary Integrated Curriculum Framework, adopted on December 7, 2010; these standards are in the first year of full K-5 implementation through Curriculum 2.0.

The development of the proposed Framework builds upon lessons learned in previously approved and adopted curriculum by the Board in major curriculum areas including mathematics, English language arts, and technical subjects. The Framework confirms the research-based methodology that informed the existing curriculum approved by the Board in 2007. Similar to the existing curriculum, the proposed Framework includes instruction in the seven content areas established by MSDE:

- Mental and emotional health;
- Alcohol, tobacco, and other drugs;
- Personal and consumer health;
- Family life and human sexuality;
- Safety and injury prevention;
- Nutrition and fitness; and
- Disease prevention and control.

In addition, staff made a number of changes to ensure that the proposed Framework is aligned with:

- MCPS's Strategic Planning Framework: *Building One Future Together, Students, Staff, and Community*, including a clear focus on instruction that promotes creative problem-solving, social emotional learning with an emphasis on educating students to "value and respect diversity and differences," and academic excellence;
- The Common Core Standards, with a focus on literacy and critical thinking skills; and
- The National Health Education Standards (NHES).

Some background context on the NHES may be informative. Developed by the American Association for Health Education, the American Public Health Association, the American School Health Association, and the Society of State Leaders of Health and Physical Education, the NHES have become an accepted reference on health education standards throughout the country. The standards are as follows:

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information, products, and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

To apply these standards in their curriculum review, MCPS's Health Team and CAC utilized the HECAT. Prepared by the Centers for Disease Control and Prevention, with conceptual, technical, and editorial assistance from experts in field of school health education and health behavior, the HECAT includes guidance and tools for carrying out a thorough and research-based assessment of a health education curriculum. The resulting language in the Framework pairs content topics from MSDE with the higher order skills-based standards of the NHES. In almost every topic heading, the content title is followed by a dash and the NHES skills-based standard. For example, the topic Mental Illness–Accessing Information in Grade 7 pairs the required understanding of the many causes of mental illness with the expectation that students learn how to access community mental health resources.

In addition to aligning curriculum with national, state, and local standards, the proposed Framework responds to feedback from teachers, community members, and students that there is significant repetition in the existing curriculum due to the coverage of many of the same topics at multiple grade levels. Many of these repetitive topics have been streamlined to provide teachers and students an opportunity to spend more time on each topic, as well as flexibility to go in greater depth on timely topics. Current topics that will be developed in greater depth include bullying and cyberbullying, gang violence, safe use of social media, depression, and emerging drug trends, such as increased heroin use and e-cigarettes.

One example of the streamlining is the removal of the family life portions of the Grade 6 curriculum due to repetition of Grade 5 material. In addition, based on the recommendations of the CAC and to balance the amount of family life content taught at each level, the topic of sexual orientation in middle school will be moved from Grade 8 to Grade 7. Through benchmarking, MCPS confirmed that other school districts include instruction on sexual orientation at the middle school level.

Consistent with the Board's goal of aligning the health education curriculum with the approach utilized for other content areas, the proposed Framework also replaces the scripted lessons for the two sessions in both the Grade 8 and Grade 10 curriculum on respecting differences in human sexuality, as well as the one lesson in the Grade 10 curriculum on proper application of a condom. This scripted approach was adopted as part of the 2007 revisions to the health education curriculum in the wake of the previously referenced litigation. During the past seven years, implementation of these scripted lessons has proven cumbersome. Teachers consistently report that the scripted approach does not help students learn the material. Well-established educational research attests that students process and retain information better when they experience a variety of instructional methods as opposed to relying solely on a format that requires teachers to read from a script. Moreover, the scripted lessons are inconsistent with our practice in every other area of the curriculum and are contrary to our core value of learning that inspires critical thinking. Instead of the scripted lessons, instructional planning resources will be developed similar to all other content areas, including sample learning tasks, suggested instructional resources, and teacher guidance (e.g., the American Psychological Association's *Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality*, available at http://www.apa.org/topics/lgbt/orientation.pdf). This shift will permit teachers to plan instruction

based on the specific needs of their students, as they do in all other content areas. Importantly, the proposed Framework will retain an abstinence-based approach to all family life topics.

Since the health curriculum was last revised in 2007, significant developments have occurred as our nation's law and culture have evolved toward greater tolerance for all individuals regardless of their sexual orientation, and the shift away from scripted lessons is consistent with those developments. Nevertheless, MCPS recognizes that the health curriculum may still touch on sensitive subjects for some families. Personal or general religious beliefs are not included in the standards and are not an appropriate topic for discussion. Should a student raise a question about religious beliefs, our guidance to, and ongoing professional development for, teachers will continue to emphasize the importance of respect for all individuals, as well as all religious beliefs. Teachers also will be trained to acknowledge that there may be differing religious views on some topics of discussion and direct students who have questions about religious beliefs to a trusted adult outside of the classroom setting. Moreover, MCPS will continue to provide parents with the opportunity to review the Family Life and Human Sexuality and Disease Prevention and Control units of the Framework, and allow parents to decide whether their children will participate in these units or receive alternative instruction on different health topics, consistent with COMAR § 13A.04.18.01.

Next Steps

Board approval of the Secondary CHE Curriculum Framework sets the foundation for further development of curriculum, instruction, assessment, and professional development resources for teachers. OCIP staff will collaborate with school-based staff to develop resources that align with the Framework, support student engagement, promote critical thinking, and make meaningful connections among disciplines. Through the implementation of the Framework, students will develop an understanding of complex content and apply health literacy skills in their lives.

Teachers will receive professional development this summer on the updated Framework. In the 2014-2015 school year, we will implement the shift away from scripted lessons on sexual orientation. In the 2015-2016 school year, updated courses in Grades 6, 7, and 8 will be rolled out. The updated high school course will begin in the 2016-2017 school year.

In addition, following adoption of the Framework, MCPS will review and update Regulation IGP-RA, *Implementation of Programs on Family Life and Human Development*, for consistency with the Framework.

The following resolution is recommended for your consideration:

WHEREAS, On February 13, 2001, the Board of Education approved a curriculum policy that guides the development, implementation, and monitoring of curricula throughout the school system; and

WHEREAS, A draft curriculum framework was developed for secondary health education; and

WHEREAS, The draft curriculum framework was shared with stakeholders; and

WHEREAS, Feedback and input from stakeholders have been used to develop and refine the Secondary Comprehensive Health Education Curriculum Framework; now therefore be it

Resolved, That the draft Secondary Comprehensive Health Education Curriculum Framework be made available to the community for appropriate feedback before final adoption on June 17, 2014.

JPS:KAS:mec

Attachments

Purpose:

The Montgomery County Public Schools (MCPS) secondary Comprehensive Health Education (CHE) Curriculum Framework provides the rationale, research base, and scope and sequence of health education skills and concepts for secondary education. Curricula for the middle school marking period CHE courses and high school graduation credit course are developed from this framework.

The MCPS content standards, indicators, objectives, and clarifying examples in this framework were derived from a comparative analysis of the National Health Education Standards (NHES) skills and the Maryland State Department of Education (MSDE) standards. The Health Education Curriculum Analysis Tool developed by the Centers for Disease Control and Prevention was used to assist in the analysis and to help provide the most comprehensive and research-based CHE Curriculum Framework. The result is a CHE Curriculum Framework that combines health education knowledge with practical health education skills in each standard.

This document is an important part of successful secondary health education implementation in accordance to Code of Maryland Regulations *13A.04.18.00 Chapter 18 Program in Comprehensive Health Education*.

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Research and Rationale

The Montgomery County Public Schools (MCPS) Comprehensive Health Education (CHE) Curriculum Framework lays the foundation for engaging and meaningful instruction that allows all students to develop health literacy by graduation from high school. Health literate students are self-directed learners; critical thinkers and problem solvers; effective communicators; and responsible, productive citizens National Health Education Standards (NHES, 2007).

The MCPS content standards, indicators, objectives, and clarifying examples in this framework were derived from a comparative analysis and combination of the NHES skills and the Maryland State Department of Education (MSDE) standards.

The MCPS CHE Curriculum Framework builds upon and extends comprehensive health education outcomes as outlined in the MCPS Elementary Curriculum 2.0, including thinking and academic success skills, critical thinking, and social emotional learning (SEL). The curriculum framework applies current comprehensive health education research and practices to Grades 6–12 and is consistent with the goals of the Common Core State Standards for English Language Arts and Mathematics and the Next Generation Science Standards. By incorporating SEL, problem-solving and higher academic standards, the MCPS CHE Curriculum Framework aligns with the MCPS Strategic Planning Framework, *Building Our Future Together—Students, Staff, and Community*.

The MCPS CHE Curriculum Framework is organized around the eight learning standards of the NHES, which identify knowledge and skills essential for secondary students to develop health literacy.

The first NHES standard—*Core Concepts*, includes seven content topics that also align with MSDE content standards. These seven topics provide the major organizational structure of the framework. The topics are spread across the three middle school courses (three to five topics per year). These seven topics also serve as the unit structure for the high school course.
- Mental and Emotional Health (MEH)
- Alcohol, Tobacco, and Other Drugs (ATOD)
- Personal and Consumer Health (PCH)
- Family Life and Human Sexuality (FLHS)
- Safety and Injury Prevention (SIP)
- Nutrition and Fitness (NF)
- Disease Prevention and Control (DPC)

Standards two through eight of the NHES address health literacy skills. These skills were woven throughout the framework to provide a knowledge-based and practical-skill-based approach to curriculum and instruction.

- Analyzing Influences (INF)
- Accessing Information (AI)
- Interpersonal Communication (IC)
- Decision Making (DM)
- Goal Setting (GS)
- Self-management (SM)
- Personal, Family, and Community Health Advocacy (AV)

The CHE Curriculum Framework is designed to provide students opportunities to develop and apply the NHES skills-based standards to MCPS and MSDE content in a clear and cohesive progression across the secondary grades. This structure fosters teaching and learning that ensures students will refine and transfer their learning, develop the ability to think critically about health concepts and skills, and achieve lifelong health literacy.

Current research and practice included in the framework is an emphasis on critical thinking applied to health concepts. Embedding critical thinking skills within health education content increases the capacity for students to problem solve, collaborate, apply knowledge, and succeed in the 21st century (Kay, 2009). "Rather than devote so much effort into teaching students what to think, perhaps we need to do more to teach them how to think" (Tsui, 2002).

The CHE Curriculum Framework promotes research-proven instructional practices, including:
- Content and skills are explicitly paired with the expressed goal of students thinking actively in the classroom (Case, 2005).
- Student engagement is promoted to make judgments, increase reasoning, and improve analyzing skills (Willingham, 2008).
- Instruction focused on transforming learning and away from rote learning of content (Tsui, 2002).
- Students' thinking processes are improved by providing opportunities to analyze, assess, and reconstruct their thinking (Elder and Paul, 2008).
- Health literate citizens are best developed by building communication, collaboration, problem solving, and critical thinking skills (Trilling, 2010; Trilling, 2009).

The CHE Curriculum Framework also reflects current theory and practice in its purposeful integration of SEL with thinking skills and health content to foster health literacy and self-reflection (Paul and Elder, 2012). As students navigate complex issues related to physical and mental health, learning social and emotional skills allows students to recognize and manage their emotions, solve problems effectively, and establish positive

relationships with others (Zins and Elias, 2007). The CHE Curriculum Framework addresses five core competencies of SEL, which are consistent with and complement the NHES skills-based based standards and MCPS and MSDE content standards:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision making

References

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Glossary

MCPS Standards: Convey the broad knowledge and skills that students should attain across several years.

NHES Standards: Communicate knowledge of core health concepts, processes, and skills related to health promotion and health literacy.

Key Concepts and Topics: Provide teachers with a theme or focus associated with indicators, objectives, and clarifying examples.

Indicators: State the learning that is to be achieved by the end of the grade level in which they are identified.

Objectives: Describe what students know and should be able to do including evidence or criteria required to demonstrate achievement of an indicator.

Clarifying Examples: Provide descriptions of possible student learning that demonstrate attainment of the objective.

Content Standard	Grade 6	Grade 7	Grade 8	Grade 10
Mental and Emotional Health (MEH)	- Analyzing Influences (INF) - Accessing Information (AI) - Interpersonal Communication (IC) - Decision Making (DM) - Goal Setting (GS) - Self/Stress-Management (SM) - Personal Wellness (SM) - Emotions (SM) - Advocacy (AV)	- Mental Illness (AI) - Community Resources for Mental Illness (AI, SM) - Depression and Suicide Prevention (IC) - Red Flags - Conflict Resolution Skills (IC) - Self-Esteem (SM) - Self-Injury (SM)		- Community Resources (AI) - Depression and Suicide Prevention (IC) - Red Flags - Goal Setting (GS) - Stress-Management (SM) - Mental Illness (AV)
Alcohol, Tobacco, and Other Drugs (ATOD)		- Inhalants (INF) - Other Drugs and New Drug Trends (AI) - Alcohol (DM) - Benefits of Drug-Free Lifestyle (AV)	- Treatment Options (AI) - Community Resources (AI) - Tobacco and Marijuana (AI) - Addiction (AI, SM) - Effects on Individual, Family, and Society (AV) - Psychological and Physical Dependence (AI)	- Media Influences (INF) - Alcohol, Tobacco, and Other Drugs (AI) - Psychoactive Drugs (AI) - Community Resources (AI) - Legal Consequences of ATOD Use (DM)

National Health Education Standards (NHES)—Core Concepts (CC), Analyzing Influences (INF), Accessing Information (AI), Interpersonal Communication (IC), Decision Making (DM), Goal Setting (GS), Self-Management (SM), Advocacy (AV)

Content Standard	Grade 6	Grade 7	Grade 8	Grade 10

Personal and Consumer Health (PCH)	• Hygiene (SM)
	 • Health Care Products (AI, SM, INF)
		• Risk Factors for Non-Communicable Diseases (INF)
		 • Diabetes (AI, SM)
		 • Heart Disease (AI, SM)
		 • Cancer (AI, SM)
		 • Protective Factors (SM)
			• Identification of Food Borne Illnesses (AI)
			 • Prevention of Food Borne Illnesses (SM)
				• Communicable and Non-Communicable Disease (INF)
				   o Consumer Skills and Strategies (INF)
				   o Health Care Products, Services, and Community Resources (INF)

Family Life and Human Sexuality (FLHS)		• Personal Health Care (INF) • Family (INF, IC) o Influence and Relationships (INF, IC) • Components of Healthy Relationships (INF, IC) • Sexual Abstinence(INF) • Sexual Orientation (AI, IC, AV) • Reproduction (SM)	• Maternal Changes (AI) • Sexual Behaviors and Limits (IC) • Social Media (DM) • Teen Pregnancy (SM) • Parenting (SM) • Sexual Abstinence (AV) • Contraception (AV)	• Family (INF) • Sexual Abstinence (AV) • Dating and Sexual Relationships (INF) • Sexual Orientation (INF) • Parenting Skills (INF) • Contraception (INF) • Gestation (AI) • Prenatal Care (AI) • Human Reproduction (AI)
Safety and Injury Prevention (SIP)	• Media/Technology Harassment (INF) • Cyber Bullying and Bullying (AI, IC) • Personal Safety (SM) o Pedestrian and Other Methods of Transportation • First Aid and Emergency Response (SM)		• Responsible Use of Technology (IC, DM) • Harassment (Sexual and Other) (AV)	• Accessing Community Resources (AI) • Impact of Social Media (SM) • Sexual Aggression (SM) • Dating Violence (SM) • Gang Violence (SM) • First Aid and Emergency Response (AV)

National Health Education Standards (NHES)—Core Concepts (CC), Analyzing Influences (INF), Accessing Information (AI), Interpersonal Communication (IC), Decision Making (DM), Goal Setting (GS), Self-Management (SM), Advocacy (AV)

Content Standard	Grade 6	Grade 7	Grade 8	Grade 10
Nutrition and Fitness (NF)			- Body Image (INF) - Eating Behaviors (GS) - Eating Disorders (DM) - Managing Weight (SM) - Nutrients - Dietary Guidelines	- Body Image (INF) - Weight Management (INF) - Influences on Eating and Activity Behaviors (INF) - Analyzing Dietary Behaviors and Types of Diets (INF) - Nutrition Literacy (INF) - Nutrition for Health Promotion and Disease Prevention (SM)
Disease Prevention and Control (DPC)		- Prevention and Treatment of Communicable Diseases (AI, GS) - Sexually Transmitted Infections (STIs) and Prevention (AI) - HIV/AIDS (AI)		- Prevention and Treatment of Communicable and Non-Communicable Diseases (AI) - STIs (AI) - HIV/AIDS (AI)

National Health Education Standards (NHES)—Core Concepts (CC), Analyzing Influences (INF), Accessing Information (AI), Interpersonal Communication (IC), Decision Making (DM), Goal Setting (GS), Self-Management (SM), Advocacy (AV)
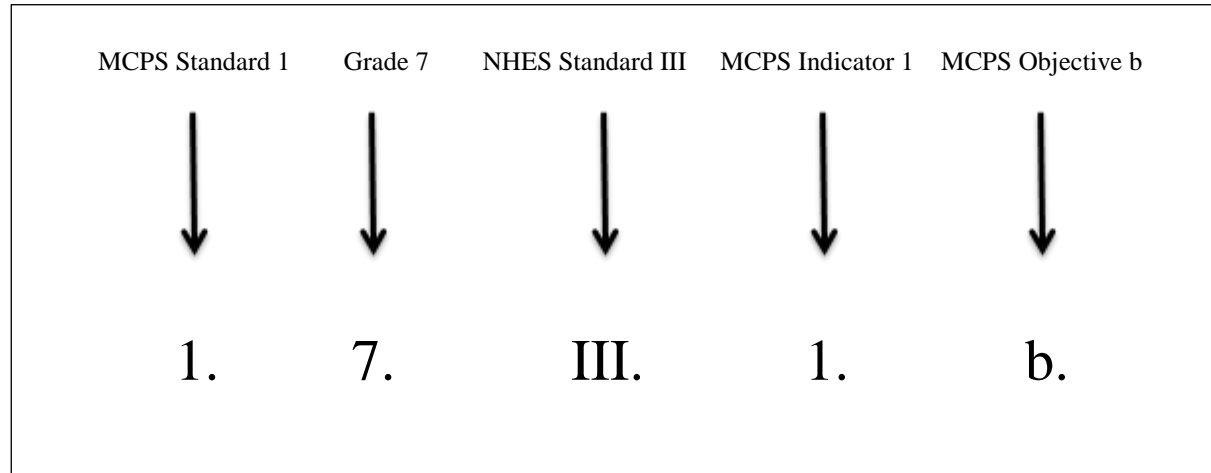
Health Education Classification of Standards

For clarity and simplicity in referencing standards, items that appear in MCPS CHE Curriculum Framework documents are numbered according to the following sequence:

Example

MCPS Standard 1	Grade 7	NHES Standard III	MCPS Indicator 1	MCPS Objective b
↓	↓	↓	↓	↓
1.	7.	III.	1.	b.

The NHES skills-based standards are embedded throughout all content standards and are cited in parenthesis after the standard in the Key Concept and Topic Overview section and in the Roman numeral portion of the standards. The NHES skills-based standards are not intended to be taught in isolation or separate from the content of the MCPS CHE Curriculum Framework.

Standard 1: **Mental and Emotional Health—Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance one's self-concept and one's relationship with others.**

NOTE: Non-consecutive numbering is intentional. The National Health Education Standards are evident within each grade level and are assigned to different MCPS content standards.

Grade 6	Grade 7	Grade 8

II. Analyzing Influences
1. Analyze the influences of family, peers, culture, media, technology and other factors on health behaviors.
a. Analyze how significant influences of family and culture affect personal health practices and behaviors.
b. Examine how relevant influences of media and technology affect personal health practices and behaviors.
c. Analyze how values of peers influence or affect personal health practices and behaviors.
 	
Clarifying example: Students research and analyze 1) family and culture, 2) media and technology, and 3) peer influence effects on alcohol and tobacco use, decision making, bullying, or another health-related topic.
 	
III. Accessing Information
1. Demonstrate the ability to access valid, reliable, health-enhancing information, products, and services.
a. Analyze the validity and reliability of health information and products.
 	
Clarifying example: Students analyze an advertisement for a health care product (e.g. deodorant or an energy drink) and discuss the reliability and validity of the information, providing evidence to justify their claim. Create informative flyers on how to access valid and reliable health information and products.
	III. Mental Illness—Accessing Information
	1. Describe causes, signs, and symptoms of mental illnesses and where to locate support resources in the community.
	a. Describe causes of specific mental illnesses.
	  • Drug use
	  • Diseases
	  • Traumatic brain injuries
	  • Heredity—chemical levels in the brain
	  • Emotional stressors
	b. Compare signs and symptoms of specific mental illnesses.
	c. Explain how to access specific community resources that help individuals with mental illness and their families.	

Standard 1: **Mental and Emotional Health—Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance one's self-concept and one's relationship with others.**

NOTE: Non-consecutive numbering is intentional. The National Health Education Standards are evident within each grade level and are assigned to different MCPS content standards.

Grade 6	Grade 7	Grade 8
IV. Interpersonal Communication **1. Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.** a. Apply effective verbal and nonverbal communication skills to enhance social and emotional health. b. Demonstrate how to ask for assistance to enhance the health of self or others. Clarifying Example: Students receive sample scenarios, identify effective and ineffective communication, and modify ways to enhance interpersonal communication, given sample scenarios. **V. Decision Making** **1. Apply the decision-making model to personal issues and problems.** a. Use the decision-making model in school, home, and social situations. b. Distinguish between healthy and unhealthy alternatives of a mental and emotional health-related decision. c. Predict the potential outcomes of healthy and unhealthy alternatives in a mental and emotional health-related decision. d. Analyze how decisions are influenced by external	**IV. Depression and Suicide Prevention—Interpersonal Communication** **1. Analyze the causes and effects of depression and how to cope with suicidal thoughts/actions.** a. Differentiate between depression and "feeling down." b. Explain signs of depression and suicide. c. Evaluate various situations for signs of depression and/or suicide. d. Demonstrate how to access specific community resources that help individuals who show signs of depression and/or suicidal intentions. e. Compare and contrast a variety of healthy coping strategies for dealing with depression. **IV. Conflict Resolution Skills—Interpersonal Communication** **2. Recognize conflict and healthy forms of resolving conflicts.** a. Identify specific sources of conflict. b. Distinguish between healthy and unhealthy responses to conflict. c. Demonstrate conflict resolution strategies including collaboration, negotiation, and refusal to avoid harmful situations to self and others.	

Standard 1: **Mental and Emotional Health—Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance one's self-concept and one's relationship with others.**

NOTE: Non-consecutive numbering is intentional. The National Health Education Standards are evident within each grade level and are assigned to different MCPS content standards.

Grade 6	Grade 7	Grade 8

conditions including culture, family, and the environment.
 	
Clarifying example: Students use the decision-making model in varied situations and analyze external conditions that may influence the outcome.
 	
VI. Goal Setting
1. Demonstrate the ability to use goal setting to enhance health.
a. Set a realistic personal health goal using a reflective goal-setting process.
 	
Clarifying example: Students create a private visual representation (e.g., collage, PowerPoint, drawing) of their personal health goals. They select pictures that represent the goal, short-and long-term steps to achieving the goal, people that will help them achieve it, barriers, rewards, benchmarks, etc.
 	
VII. Personal Well-being—Self-Management
1. Analyze components to promote personal well-being.
a. Explain and give examples of the components of personal well-being.
   • Physical
   • Emotional/Mental
   • Social
b. Analyze the interrelationship of physical, mental/emotional, and social health.
 	
Clarifying example: Students analyze situations; make a claim about how one component contributes to personal well-being; identify resources to enhance the area of deficit; and set a goal to enhance personal well-being.
VII. Emotions—Self-Management
	VII. Self-esteem—Self-Management
	1. Develop strategies to enhance self-esteem.
	a. Identify internal and external influences on self-esteem.
	b. Develop a strategy to enhance self-esteem.
	
	Clarifying Example: Students brainstorm influences that enhance or diminish self-esteem. Students identify one area that diminishes self-esteem and develop a plan to overcome and enhance the area.
	
	VII. Self-injury—Self-Management
	2. Analyze potential destructive behaviors and healthy coping strategies.
	a. Define self-injury.
	b. Describe causes and warning signs of self-injury.
	c. Demonstrate how to access various community	

Standard 1: **Mental and Emotional Health—Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance one's self-concept and one's relationship with others.**

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Grade 6	Grade 7	Grade 8
2. Apply appropriate skills and information to express needs, wants, emotions, and feelings. a. Recognize changes in emotions in other people and respond within appropriate ways. b. Apply appropriate communication skills to express one's own needs, wants, emotions, and feelings. c. Analyze how mental and emotional health affects health-related behaviors. Clarifying example: Students role-play or develop comic strips applying communication skills to express specific emotions, needs, wants, and feelings. **VII. Stress Management—Self-Management** **3. Apply principles associated with stress management.** a. Describe causes and effects of stress. b. Analyze personal stressors at home, in school, and with friends. c. Evaluate possible strategies to manage stress. Clarifying example: Students list common adolescent stressors and create a private plan to manage stress by using a strategy to target each stressor. Students incorporate goal-setting strategies to manage each stressor. **VIII. Advocacy** **1. Demonstrate the ability to advocate for personal, family, and community health.** a. Persuade others to make positive health choices. Clarifying example: Students write a persuasive speech or create an infomercial on a self-selected topic that promotes healthy choices for themselves, family, or community members.	resources that support individuals who engage in self-injury. d. Describe multiple ways to cope with stressors in a healthy way.	

Grades 6–8 Curriculum Framework

Standard 2: **Alcohol, Tobacco, and Other Drugs—Students will demonstrate the ability to use drug knowledge, decision-making skills, and health-enhancing strategies to address the non-use, use, and abuse of medications, alcohol, tobacco, and other drugs.**

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Grade 6	Grade 7	Grade 8
	II. Inhalants—Analyzing Influences **1. Examine the effects of inhalant use and demonstrate advocacy skills to reduce abuse of drugs.** a. Describe inhalants. b. Analyze the physical, psychological, and social consequences of inhalant use. c. Formulate an argument to convince peers not to use inhalants.	**III. Tobacco and Marijuana—Accessing Information** **1. Explain how tobacco and marijuana affect the function and development of the body systems.** a. Compare and contrast the short- and long-term effects of tobacco and marijuana use on an individual. b. Analyze the legal consequences of marijuana and tobacco use. Clarifying example: Students complete research focused on causes and effects of tobacco and marijuana use including short- and long-term effects on the body and mind.

	III. Other Drugs and New Drug Trends—Accessing Information
	1. Access information and create awareness about current youth drug trends.
	a. Identify youth drug trends using valid and current health resources.
	b. Organize the drug trend information into legal, social, physical, and psychological effects.
	c. Create an awareness campaign of youth drug trends.
	
	Clarifying Example: Using National Institute on Drug Abuse (NIDA) or Substance Abuse and Mental Health Services Administration (SAMHSA) research, students research and present trends in adolescent drug use and cite appropriate evidence and research (e.g., e-cigarettes).
		III. Addiction—Accessing Information
		1. Access valid and reliable information about warning signs, stages, and community resources for addiction.
		a. Examine the signs of psychological addiction and physical dependence.
		    • Dependence
		    • Tolerance
		    • Withdrawal
		b. Identify various behaviors that demonstrate addiction.
		c. Compare use, misuse, and abuse of various drugs.
		d. Compare available addiction cessation products and treatment services in the community.
		
		Clarifying example: Students create a visual representation (e.g., table, grid, graphic organizer, PowerPoint presentation, foldable) comparing addicting behaviors, including physical dependence on a specific drug, and linking them to available treatment options.

Standard 2: **Alcohol, Tobacco, and Other Drugs—Students will demonstrate the ability to use drug knowledge, decision-making skills, and health-enhancing strategies to address the non-use, use, and abuse of medications, alcohol, tobacco, and other drugs.**

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Grade 6	Grade 7	Grade 8
	V. Alcohol—Decision Making **1. Examine physical, psychological, social, and legal consequences of the use of alcohol.** a. Organize consequences of alcohol use into legal, physical, psychological, and social categories. b. Identify multiple ways to recover from addiction. c. Demonstrate decision-making skills related to living an alcohol-and drug-free lifestyle. d. Evaluate how peers influence individual choices to use or abstain from alcohol. Clarifying Example: Students research the effects of alcohol use on individuals, family, school, and society. **VIII. Benefits of Drug-free Lifestyle—Advocacy** **1. Analyze the benefits of a drug-free lifestyle.** a. Investigate benefits of a drug-free lifestyle. b. Apply the benefits of a drug-free lifestyle to achieving a personal goal. c. Compare a drug-free lifestyle to a life that involves drug use.	**VIII. Effects on Individual, Family, and Society—Advocacy** **1. Advocate for individuals, families, schools, and communities to be alcohol- or drug-free.** a. Predict how drug use, misuse, and abuse can impact an individual, family, and community. Clarifying Example: Students research a public figure whose life has been impacted by the use and abuse of drugs and identify ways abuse has or may have changed his or her lifestyle. Students compare and contrast to another public figure who is drug-free, considering financial, physical, mental, emotional, and social implications, and providing supporting details.

Standard 3: **Personal and Consumer Health—Students will demonstrate the ability to use consumer knowledge, skills, and strategies to develop sound personal health practices involving the use of health care products, services, and community resources.**

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Grade 6	Grade 7	Grade 8
	II. Risk Factors—Analyzing Influences **1. Analyze the relationship between unhealthy behaviors and disease.** a. Classify diseases as communicable or non-communicable including: - Diabetes - Heart and circulatory diseases - Cancer, including skin cancer - Influenza - Hepatitis - Strep throat - Tuberculosis - Allergies - Asthma - Lung diseases - Other Clarifying example: Students classify identified diseases as communicable or non-communicable, and justify their choices. **2. Describe the benefits of, and barriers to, practicing healthy behaviors.** a. Summarize the role of the immune system in responding to disease. b. Analyze risk factors and behaviors that influence contraction and transmission of communicable diseases and infections. Clarifying example: Students create a plan for school or home to reduce exposure to risk factors that influence contraction and transmission of communicable diseases.	

Standard 3: **Personal and Consumer Health—Students will demonstrate the ability to use consumer knowledge, skills, and strategies to develop sound personal health practices involving the use of health care products, services, and community resources.**

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Grade 6	Grade 7	Grade 8
	3. Analyze how the environment affects personal health. a. Analyze risk factors that impact non-communicable diseases. • Family history • Lifestyle choices • Environment • Culture b. Categorize the risk factors into controllable or uncontrollable. • Present at birth • Caused by lifestyle behavior • Caused by the environment • Unknown causes Clarifying example: Students research risk factors for non-communicable diseases and create a visual (e.g., poster or PowerPoint) of their findings.	**III. Food Borne Illnesses—Accessing Information** **1. Compare and contrast the types of food borne illnesses.** a. Classify food borne illnesses based on the type of pathogen/source and identify their symptoms. • Bacteria (Salmonella, E. Coli, Campylobacter, Listeria, Clostridium perfringens) • Viruses (Norovirus) • Parasites (Toxoplasmosis) • Molds, toxins, and contaminants • Allergens b. Recognize the symptoms of food borne illnesses. • Botulism • E. Coli (Escherichia Coli) • Perfringens Clostridium food poisoning • Salmonellosis • Hepatitis A • Norovirus

Standard 3: **Personal and Consumer Health—Students will demonstrate the ability to use consumer knowledge, skills, and strategies to develop sound personal health practices involving the use of health care products, services, and community resources.**

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Grade 6	Grade 7	Grade 8
VII. Hygiene—Self-Management **1. Analyze the health benefits of routine hygiene practices.** a. Summarize the benefits of good hygiene practices for promoting health and maintaining positive social relationships. b. Explain the importance of being responsible for personal health and wellness-related behaviors. c. Analyze personal health and wellness-related practices and behaviors that reduce or prevent health risks. d. Demonstrate health practice and behaviors to improve the personal health and wellness of one's self and others. Clarifying example: Students create a poem describing a typical hygiene regimen including products used and the benefits of their use. Clarifying example: Students identify routine practices for hygiene and brainstorm effects of not practicing them (e.g., brushing teeth, wearing deodorant).	**VII. Protective Factors—Self-Management** **1. Demonstrate behaviors to avoid or reduce health risks to self and others.** a. Analyze the protective factors that decrease the occurrence of non-communicable diseases. - Regular medical checkups - Immunizations and screenings - Diet and weight management - Exercise and rest - Environmental exposure Clarifying example: Students complete a private self-assessment of protective factors that decrease the occurrence of non-communicable diseases.	**VII. Prevention of Food Borne Illnesses—Self-Management** **1. Examine the probability of illness when engaging in unhealthy behavior.** a. Explain ways to prevent food borne illnesses. - Clean - Cook - Separate - Chill Clarifying example: Students create a visual representation to put on the refrigerator addressing the four steps to food safety.

Standard 4: **Family Life and Human Sexuality—Students will demonstrate the ability to use human development knowledge, social skills, and health-enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.**

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Grade 6	Grade 7	Grade 8
	II. Family—Analyzing Influences **1. Analyze the correlation between healthy behaviors and personal health with family and relationships.** a. Develop a list of characteristics for healthy and unhealthy relationships. b. Demonstrate ways to express affection, love, and friendship in a healthy way. c. Explain why parents and other trusted adults are good sources of information related to relationships, growth and development, and sexual health. Clarifying example: Students create a friendship advertisement including character traits they desire in another person and character traits they have to offer to a friend. Students analyze the traits for healthy characteristics and identify how to express more of these positive traits. **2. Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.** a. Define sexual activity, sexual abstinence, sexual orientation, and gender identity. b. Predict how teasing, bullying, and intolerance related to all aspects of sexuality, development, or physical appearance, can affect one's health. c. Demonstrate respect for individual differences in all aspects of sexuality, development, or physical appearance. **3. Explain how appropriate health care can promote personal health.** a. Summarize basic male and female reproductive body parts and their functions. b. Explain conception and its relationship to the menstrual cycle. c. Explain how abstinence is the most effective method to	**II. Sexual Behaviors and Limits—Analyzing Influences** **1. Explain how the perceptions of norms influence healthy and unhealthy behaviors.** a. Describe how perceptions of norms, social expectations, and values shape healthy and unhealthy sexual practices, behaviors, and relationships. b. Validate the reasons why abstinence from sexual activity is a healthy, safe, and responsible decision for adolescents. c. Evaluate reasons why people engage in sexual activity including sexual intercourse and why people choose to abstain from sexual activity. Clarifying example: Students brainstorm why people engage in sexual activity and affirm the importance of abstinence as a healthy choice.

Standard 4: **Family Life and Human Sexuality—Students will demonstrate the ability to use human development knowledge, social skills, and health-enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.**

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Grade 6	Grade 7	Grade 8
	prevent pregnancy and the spread of STIs. d. Explain how the male condom helps prevent pregnancy and the spread of STIs (other contraception methods are in Grade 8 and Grade 10). **II. Components of Healthy Relationships—Analyzing Influences** **1. Examine how family influences the health of adolescents.** a. Reflect on family influences related to social behaviors and relationships. b. Discuss how societal influences affect sexual health practices, behaviors, and interpersonal relationships (e.g., popular culture, media messages, social media, and music videos). Clarifying example: Students identify family habits/rules related to 1) bedtime, 2) use of technology (e.g., monitoring, screen time and social media), and 3) relationships and dating; and write a private reflection on how these values relate to culture or societal norms/messages. **2. Describe how peers influence healthy and unhealthy behaviors.** a. Explain why abstinence from sexual activity is a healthy, safe, and responsible decision for adolescents. b. Hypothesize how peers affect one's sexual health practices, behaviors, and relationships. Clarifying example: Students respond to scenarios related to sexual behaviors and relationships that they face or could face in the near future.	

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Grade 6	Grade 7	Grade 8
	III. Sexual Orientation—Accessing Information **1. Access research-based information about gender identity, gender expression, and sexual orientation.** a. Differentiate between gender identity, gender expression, and sexual orientation. b. Communicate respectfully with and about all people. c. Advocate to promote dignity and respect for all people. Clarifying example: Give scenarios and have students discuss how they would respond to each situation. Clarifying example: Make a public service announcement, PowerPoint, brochure, or poster about the importance of respecting people's differences and advocating for a safe school environment.	**III. Maternal Changes—Accessing Information** **1. Describe the emotional, intellectual, physical, and social changes that occur to adolescents due to pregnancy.** a. Explain the gestation process of fetal development and maternal changes. b. Explain principles of prenatal care. c. Analyze the emotional, physical, and financial impacts of teen pregnancy on teens, their children, their families, and society. Clarifying example: Students create a collage/timeline of fetal development and maternal changes. Clarifying example: Students interview an adult family member or parent regarding their experience raising a child, and reflect on how their life would be affected if they were to become a teen parent. **IV. Sexual Behaviors and Limits—Interpersonal Communication** **1. Apply effective verbal and nonverbal communication skills to enhance health.** a. Examine ways to protect the sexual health of one's self and others through effective use of verbal, nonverbal, and electronic means of communication, including social media. Clarifying example: Students list responses to potentially compromising situations that affect their sexual health (e.g., via social media or face-to-face). **2. Demonstrate refusal and negotiation skills that avoid or reduce health risks.** a. Demonstrate skills to resist peer pressure to engage in sexual activity including sexual intercourse.

Standard 4: **Family Life and Human Sexuality—Students will demonstrate the ability to use human development knowledge, social skills, and health-enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.**

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Grade 6	Grade 7	Grade 8
		Clarifying example: Students prepare a resource guide to demonstrate skills to resist peer pressure that may compromise personal goals and values. **3. Demonstrate how to advocate for assistance to enhance the health of self and others.** a. Identify community resources available to provide assistance to improve and/or maintain health and healthy relationships including those at the school. Clarifying example: Students select a community resource or non-MCPS personnel (e.g., school nurse or health technician) at school that they can go to for advice related to health and wellness. **V. Social Media—Decision Making** **1. Describe the benefits of and barriers to practicing healthy behaviors.** a. Explain why sending sexually explicit pictures or messages by e-mail, cell phone, or tablet; and posting sexually explicit messages/pictures on social media sites will have negative consequences—socially, legally, and otherwise. b. Formulate reasons for maintaining sexual abstinence including the right to refuse sexual contact, protection from HIV/STIs, and pregnancy. c. Analyze behaviors used to coerce or pressure someone to engage in sexual activity including sexual intercourse, refusal skills, and the link between alcohol/drugs and sexual activity. d. Explain how each method of contraception works to prevent pregnancy including effectiveness.

Standard 4: **Family Life and Human Sexuality—Students will demonstrate the ability to use human development knowledge, social skills, and health-enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.**

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Grade 6	Grade 7	Grade 8
		VII. Teen Pregnancy and Parenting—Self-Management **1. Describe the interrelationships of emotional, intellectual, physical, and social health for teen parents.** a. Anticipate how new family roles will affect the emotional well-being of the teens, their children, and their families. b. Predict how taking care of a child will impact physical health of the teens, their children, and their families.
	VIII. Sexual Orientation **1. Demonstrate how to influence and support others to make positive health choices.** a. Persuade others to avoid teasing, bullying, or stigmatizing others based on their personal characteristics or aspects of their sexuality. Clarifying example: Students promote respect for all students by creating a poster to persuade others to avoid teasing, bullying, or stigmatizing others based on their personal characteristics or aspects of their sexuality.	**VIII. Sexual Abstinence—Advocacy** **1. Explain the importance of taking ownership for personal health behaviors.** a. Persuade others to practice sexual abstinence and avoid risky sexual behaviors that may lead to contraction of HIV, STIs, and/or unwanted pregnancy. Clarifying example: Students design a campaign for abstinence persuading other teens to practice sexual abstinence.

Standard 5: **Safety and Injury Prevention—Students will demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in home, school, and community.**

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Grade 6	Grade 7	Grade 8
II. Media, Technology, and Harassment—Analyzing Influences **1. Analyze the effects that media and technology have on personal safety.** a. Analyze how media and technology affect personal safety and injury prevention practices. b. Explain how perceived cultural norms influence safety and injury prevention practices. c. Explain laws protecting children from inappropriate and abusive behavior of others. Clarifying example: Students analyze different media and the messages media convey in relation to safety and injury prevention practices of adolescents. Clarifying example: Students choose one safety situation (e.g., bullying, fire, sprained ankle, burn, etc.) and develop a plan to avoid or prevent injury. **III. Cyber Bullying and Bullying—Accessing Information** **1. Analyze various forms of harassment and intimidating behaviors.** a. Identify verbal and nonverbal characteristics of abuse, assault, harassment, and bullying. • Unwelcome • Uncomfortable • One-sided • Embarrassing • Demeaning • Repetitious b. Classify abusive behaviors as physical, emotional, verbal, or sexual. c. Explain situations that call for professional safety and injury prevention services.		

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Grade 6	Grade 7	Grade 8
Clarifying example: Students analyze different types of abusive behaviors, classify them, and determine possible next steps. Clarifying example: Students develop a home, school, or community resource guide for safety and injury prevention. **IV. Cyber Bullying and Bullying—Interpersonal Communication** **1. Analyze and demonstrate the use of effective communication skills to prevent bullying.** a. Explain how perceptions influence healthy and unhealthy safety and injury prevention practices and behaviors related to cyber bullying and bullying. b. Demonstrate the use of effective verbal and nonverbal communication skills to promote safety and prevent injury including cyber bullying and bullying. Clarifying example: Students role play effective communication skills to prevent or avoid bullying. Clarifying example: Students research MCPS regulations and state laws and identify steps to report cyber bullying and bullying.		**IV. Responsible Use of Technology—Interpersonal Communication** **1. Identify appropriate and inappropriate use of technology as it relates to harassment.** a. Predict how sharing or posting personal information electronically about self or others on social media sites can negatively impact personal safety of one's self or others. b. Develop a plan on how to manage personal information in electronic communications and social media to protect the personal safety of oneself and others. **V. Responsible Use of Technology—Decision Making** a. Compare appropriate and inappropriate use of technology as it relates to harassment. b. Identify strategies for addressing harassment through various forms of technology.

Standard 5:   **Safety and Injury Prevention—Students will demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in home, school, and community.**

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Grade 6	Grade 7	Grade 8
VII. Personal Safety—Self-Management **1. Demonstrate the ability to apply safety rules that promote personal safety.** a. Explain the importance of helmets and other safety gear for biking, riding a scooter, skateboarding, skating, and other methods of transportation. b. Describe ways to reduce risk of injuries as a pedestrian. c. Describe how sharing or posting personal information electronically about self or others on social media websites can affect personal safety of self or others. d. Distinguish between safe and unsafe behaviors at school, at home, and outdoors. Clarifying example: Students create a public service announcement or pamphlet promoting ways to reduce risk of injuries as a pedestrian. Clarifying example: Students create a checklist or resource document of strategies to avoid exposing personal information on social media sites. **VII. First Aid and Emergency Response—Self-Management** **2. Demonstrate the ability to respond appropriately to situations that do and do not require emergency services.** a. Explain emergency action steps: Check – Call – Care. b. Explain protections under the Good Samaritan Law. c. Demonstrate first aid procedures when dealing with sudden illness. • Shock/diabetic emergency • Seizure • Stroke • Allergic reaction d. Describe basic first aid procedures for the following: • Burns		**VIII. Harassment** **1. Recognize contributors to harassment and demonstrate healthy ways to respond.** a. Compare and classify situations that may or may not demonstrate harassment. • Sexual behaviors • Sexual abuse • Stalking/cyber stalking • Personal intimidation • Cultural/racial/ethnic/religious intimidation b. Practice safe responses to harassment (sexual or otherwise). Clarifying example: Students categorize scenarios into intimidating/harassing and nonintimidating/nonharassing behaviors, justifying their choice.

Standard 5: **Safety and Injury Prevention—Students will demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in home, school, and community.**

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Grade 6	Grade 7	Grade 8
• Cuts • Scrapes • Poisonings • Sprains • Choking/airway obstruction • Other e. Demonstrate and model universal precautions for dealing with body fluids. f. Describe effective use of emergency services. Clarifying example: Students role-play how to provide basic first aid. Clarifying example: Students research one basic first aid procedure and create a presentation to teach the technique to the class.		

Standard 6: **Nutrition and Fitness—Students will demonstrate the ability to use nutrition and fitness knowledge, skills, and strategies to promote healthy lifestyles.**

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Grade 6	Grade 7	Grade 8
		I. Eating Behaviors and Body Image—Analyzing Influences
		1. Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
		a. Analyze factors that contribute to personal eating behaviors.
		• Hunger vs. appetite
		• Stress
		• Environment
		• Family/culture
		• Media
		• Peers
		b. Analyze factors that influence body image.
		• Media
		• Peers
		• Family/culture
		• Ideals
		• Life experience (e.g., abuse, prejudice, injuries, etc.)
		c. Evaluate internal and external influences that may lead to eating disorders.
		• Body image
		• Peers
		• Media
		• Family
		Clarifying example: Students review a sample eating log and identify factors that influence daily eating habits and brainstorm goals for improvement.
		Clarifying example: Students identify strategies to enhance a positive body image.

Standard 6: **Nutrition and Fitness—Students will demonstrate the ability to use nutrition and fitness knowledge, skills, and strategies to promote healthy lifestyles.**

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Grade 6	Grade 7	Grade 8

		III. Eating Disorders—Accessing Information
		1. Identify unhealthy eating choices.
		a. Compare the three most common eating disorders.
		   • Anorexia nervosa
		   • Bulimia nervosa
		   • Binge eating disorder
		b. Summarize causes, symptoms, and treatment options for the three most common eating disorders.
		
		VII. Managing Weight—Self-Management
		1. Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.
		a. Explain the relationship among food intake, physical activity, and weight management.
		b. Calculate a sample Body Mass Index and explain what constitutes a health/weight.
		c. Analyze the effects of energy balance on the body system.
		   • Weight gain
		   • Stable weight
		   • Weight loss
		   • Assess the benefits of physical activity.
		
		2. Advocate for practicing healthy eating behaviors in self, family, and community.
		a. Design a personal weight management plan that includes healthy eating and physical activity, to maintain, gain, or lose weight.
		
		Clarifying example: Students use restaurant menus and physical activity calorie expenditure tables to design a personal weekly weight management plan to maintain, gain, or lose weight.

Grades 6–8 Curriculum Framework

Standard 7:   Disease Prevention and Control—Students will demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease.

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Grade 6	Grade 7	Grade 8
	II. Communicable Disease—Analyzing Influences **1. Describe the benefits of and barriers to practicing healthy behaviors.** a. Predict how sexual behaviors and practices influence contraction of STIs and HIV/AIDS. - Abstinence - Monogamy - Protected and unprotected sexual activity including sexual intercourse - Multiple partners b. Discover how other behaviors and practices influence contraction of STIs and HIV/AIDS. - Alcohol and drug use - Sharing needles (e.g., piercings, drugs, tattoos) - Mother to child - Occupational exposure - Medical staff **III. STIs and HIV/AIDS—Accessing Information** **1. Compare STIs, (e.g., syphilis, gonorrhea, chlamydia, herpes, and human papillomavirus [HPV]), based on their symptoms, effects on the body, treatment, and prevention.** a. Describe specific symptoms of bacterial, viral, and parasitic STIs, and their impact on the body. b. Evaluate ways to prevent STIs including abstinence from sexual activity. **2. Explain HIV/AIDS as a communicable disease.** a. Describe how HIV is transmitted. b. Describe specific symptoms of HIV/AIDS and effects on the body including response of the immune system. c. Explain the progression from HIV to AIDS. d. Analyze HIV/AIDS contraction as it relates to other STIs—epidemic, target population, trends in data, etc.	

Standard 7: **Disease Prevention and Control—Students will demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease.**

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Grade 6	Grade 7	Grade 8
	VI. Communicable Disease—Goal Setting **1. Develop a goal to adopt, maintain, or improve a personal health practice to reduce the spread of communicable diseases.** a. Develop a goal to avoid or reduce the risk of pregnancy, and transmission of HIV and other STIs. b. Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy, and transmission of HIV and other STIs. c. Develop and apply strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of transmission of HIV and other STIs.	

High School Course for .5 Graduation Credit

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Standard 1: **Mental and Emotional Health—Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance one's self-concept and one's relationship with others.**

III. Community Resources—Accessing Information
1. Demonstrate the ability to access valid information, products, and services to enhance mental and emotional health.
a. Identify local mental and emotional health care services.

IV. Depression and Suicide Prevention—Interpersonal Communication
1. Recognize and respond to signs of potential destructive behaviors.
a. Review resources and services available to prevent suicide.
b. Apply strategies and skills to intervene when signs of depression and/or suicide occur in self or others.
c. Demonstrate effective communication strategies and skills to avoid potentially destructive behaviors.

Clarifying example: Students practice effective communication skills with a partner in various scenarios involving destructive behaviors.

Clarifying example: Students predict potential short- and long-term effects of destructive behaviors.

Clarifying example: Students create posters or public service announcements including warning signs, and appropriate responses to suicidal behaviors.

VI. Goal Setting
1. Implement strategies and monitor progress toward achieving personal and realistic goals.
a. Develop a plan for achieving a goal to improve or maintain positive emotional health.
b. Formulate an effective long-term personal health plan for improving or maintaining positive mental and emotional health.
c. Use strategies to overcome barriers to achieving a goal to improve or maintain positive mental and emotional health.

Clarifying example: Students create a vision board or collage using pictures, drawings, artifacts, PowerPoint, etc., which represents personal goals. Students use specific, measurable, achievable, relevant, and time-bound (S.M.A.R.T.) goals to evaluate the effectiveness of personal goals presented.

VII. Stress Management—Self-Management
1. Demonstrate, evaluate, and analyze strategies to manage stress.
a. Analyze personal stressors at home, in school and society, and with friends.
b. Explain the body's physical and psychological responses to stressful situations.
c. Evaluate effective strategies for dealing with stress.
d. Demonstrate effective communication strategies to prevent, manage, or resolve conflicts.

Clarifying example: Students develop an action plan to decrease personal stressors including strategies for managing stressors.

Clarifying example: Students role-play using effective communication strategies to resolve interpersonal conflict.

Montgomery County Public Schools
Secondary Comprehensive Health Education Curriculum Framework

High School Course for .5 Graduation Credit

NOTE: Non-consecutive numbering is intentional. The National Health Education Standards are evident within each grade level and are assigned to different MCPS content standards.

Standard 1:   **Mental and Emotional Health—Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance one's self-concept and one's relationship with others.**

VIII. Mental Illness—Advocacy
1. Analyze and advocate for support of those who are affected by mental illnesses.
a. Identify and describe symptoms of mental illness.
b. Explain how to positively influence and support individuals with mental illnesses.

Clarifying example: Students develop an argument to advocate for mental illness recognition and treatment (e.g., symptoms, support, and health care services).

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Standard 2: **Alcohol, Tobacco, and Other Drugs—Students will demonstrate the ability to use drug knowledge, decision-making skills, and health-enhancing strategies to address the non-use, use, and abuse of medications, alcohol, tobacco, and other drugs.**

II. Media—Analyzing Influences
1. Identify and analyze physical, psychological, social, and legal consequences of the use of alcohol.
a. Analyze how using alcohol influences the likelihood of engaging in other unhealthy or risky behaviors.
b. Evaluate how peers and perceptions of norms influence healthy and unhealthy alcohol-related behaviors.
c. Research the physical and psychological consequences of short- and long-term alcohol use on an individual.
d. Analyze how laws, rules, and regulations influence behaviors related to alcohol use.
e. Develop a goal to avoid risky behaviors related to alcohol and operation of a motor vehicle.

Clarifying example: Students create a story-board about someone who becomes dependent on alcohol, portraying unhealthy behaviors, how this person was influenced, and future consequences of short- and long-term use including laws related to alcohol abuse.

III. Alcohol and Other Drugs—Accessing Information
1. Investigate factors that influence the use of tobacco, alcohol, and other drugs.
a. Analyze the intended motivation of advertising on the sale and purchase of tobacco, alcohol, and other drugs.
b. Examine media messages and campaigns for alcohol, tobacco, and other drugs and discuss the targeted audience and outcomes.
c. Advocate for being alcohol-, tobacco-, and drug-free.

Clarifying example: Students create a campaign to promote being drug-free.

Clarifying example: Students create a print ad that deglamorizes a specified drug's message, providing justifying details.

2. Classify a variety of psychoactive drugs and identify the consequences of their use and abuse.
(Stimulants, depressants, narcotics, hallucinogens, club, over-the-counter, and prescription drugs).
a. Describe the harmful short- and long-term physical and psychological effects associated with the use of psychoactive drugs.
b. Evaluate the validity and reliability of information for alcohol and other psychoactive drug resources (e.g., web based, intended use of prescription and over-the-counter drugs).

Clarifying example: Students create an informative web page design that evaluates validity of information on physical, psychological, and short- and long-term effects of various psychoactive drugs.

3. Access information and services within the community for treatment of addictive behaviors.
a. Research resources that can be used when a friend or family member is addicted to drugs.

b. Identify stages of addiction and when professional alcohol and other drug-use cessation services may be required.

Montgomery County Public Schools
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Standard 2:   **Alcohol, Tobacco, and Other Drugs—Students will demonstrate the ability to use drug knowledge, decision-making skills, and health-enhancing strategies to address the non-use, use, and abuse of medications, alcohol, tobacco, and other drugs.**

V. Legal Consequences of Alcohol, Tobacco, and Other Drugs (ATOD) Use—Decision Making
1. Recognize and explain the legal consequences of ATOD use and abuse in a variety of situations.
a. Describe MCPS, Maryland, and other states' laws regarding the use and/or possession of ATOD.
b. Generate alternatives to using ATOD.
c. Apply decision making related to ATOD use.

Clarifying example: Students evaluate decision-making skills in role-playing vignettes involving legal consequences of various alcohol, tobacco, or other drugs.

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Standard 3: **Personal and Consumer Health—Students will demonstrate the ability to use consumer knowledge, skills, and strategies to develop sound personal health practices involving the use of health care products, services, and community resources.**

III. Prevention and Treatment—Accessing Influences
1. Analyze factors that contribute to the development of communicable and non-communicable diseases.
a. Analyze the basic structures and functions of the immune system.
b. Analyze the influences that impact the risk of communicable and non-communicable diseases.
c. Recognize the warning signs of cancer and practice prevention measures, including screening and self-examinations.
d. Research resources for reliable information, assessment, and treatment of communicable and non-communicable diseases.

Clarifying example: Students write a short story from the point of view of a specific pathogen, describing how the pathogen finds its way into someone's body, and what happens when it gets there.

2. Analyze information associated with diabetes, heart disease, and cancer.
a. Examine the etiology of cancer, heart disease, and diabetes.
b. Describe the basic structures and functions of the cardiovascular system.
c. Describe the different cardiovascular diseases and the risk factors associated with these diseases.

Clarifying example: Students create a graphic organizer for cancer, heart disease, and diabetes including cause, effect, and preventive measures for each disease.

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Standard 4:   **Family Life and Human Sexuality—Students will demonstrate the ability to use human development knowledge, social skills, and health-enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.**

II. Family—Analyzing Influences
1. Analyze how family influences the health of individuals.
a. Investigate influences of family health on individual health.
b. Identify ways to to effectively interact with many different people including family members; teachers; males and females; and people of different socioeconomic, ethnic, and cultural backgrounds.

Clarifying example: Students write an analysis of changes that occur in families as children approach and/or enter their teen years, including: new rules, routines, traditions, or challenges of family life.

2. Analyze characteristics of healthy and unhealthy romantic and/or sexual relationships.
a. Recognize and summarize how media can influence one's beliefs about what constitutes a healthy relationship.
b. Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior including abstinence.

Clarifying example: Students watch age-appropriate excerpts from media and assess the influences that the media has on perceived norms of relationships.

Clarifying example: Students analyze age-appropriate song lyrics (clean versions) and evaluate their possible impact on their relationships and behavior.

3. Analyze factors that influence an individual's decisions concerning sexual behaviors and limits.
a. Analyze the influence of friends, family, media, society, and culture on the expression of gender, sexual orientation, and identity.
b. Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance.
c. Advocate for abstinence from sexual activity, including sexual intercourse, as the most effective and healthy means for preventing pregnancy and STIs.
d. Compare the effectiveness of various contraceptive methods, including abstinence, in preventing pregnancy and STIs.

Clarifying example: Students write a dialogue in which a teen is using effective refusal skills to avoid being pressured by his or her partner to engage in sexual activity.

4. Analyze factors that influence the roles and responsibilities of parenting.
a. Analyze factors that influence decisions about whether and when to become a parent.
b. Assess the skills and resources needed to become a parent.
c. Analyze the impact of parenting on finances and time.

Clarifying example: Students compose a persuasive essay about the value of waiting until a certain age or stage in life to have a baby including specific reasons, details, and examples to justify their argument.

High School Course for .5 Graduation Credit

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Standard 4:　　**Family Life and Human Sexuality—Students will demonstrate the ability to use human development knowledge, social skills, and health-enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.**

Clarifying example: Students compose a persuasive essay about the value of waiting until a certain age or stage in life to have a baby including specific reasons, details, and examples to justify their argument.

III. Complications and Functions of Human Reproduction—Accessing Information
1. Recognize the structures and functions of the reproductive system.
a. Examine factors that contribute to complications of human reproduction.

Clarifying example: Students synthesize major elements of the reproductive system, gestation, and prenatal care to assess preventative measures that may reduce complications in human reproduction.

2. Access medically accurate information about prenatal care and services.
a. Analyze prenatal practices that can contribute to or threaten a healthy pregnancy.

Clarifying example: Students create a visual representation (e.g., PowerPoint, public service announcement, phone application) on prenatal care to persuade women to seek prenatal care, nutrition services, and wellness visits.

3. Access medically accurate information about gestation.
a. Analyze the changes that occur to the developing zygote, embryo, and fetus during each trimester.
b. Analyze the most prevalent congenital and heredity conditions that affect the fetus.

Clarifying example: Students write a narrative story from the perspective of the developing zygote, explaining the different stages of gestation, including congenital or hereditary complications.

VIII. Sexual Orientation
1. Advocate for safe environments that encourage dignified and respectful treatment of all people.
a. Analyze the influence of friends, family, media, society, and culture on the expression of gender, sexual orientation, and identity.
b. Demonstrate ways to respond when someone is being bullied or harassed.

Clarifying example: Students research support structures, programs, and organizations in the school system.

Clarifying example: Students review scenarios related to bullying and harassment. Students develop responses to support the person targeted in the scenario and assist them in completing the MCPS Form 230–35: *Bullying, Harassment, or Intimidation Reporting Form.*

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Standard 5: **Safety and Injury Prevention—Students will demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in the home, school, and community.**

III. Community Resources—Accessing Information
1. Analyze resources in the community for personal safety.
a. Describe personal safety issue resources in the community.
- Harassment
- Sexual abuse
- Human trafficking/sex trafficking
- Domestic violence
- Dating violence
- Gang violence
- Other

Clarifying example: Students explore various scenarios, identify personal safety issues, and develop a plan to support the individual in the scenario.

VII. Social Media—Self-Management
1. Recognize the impact that social media has on harassment, intimidating behaviors, and violence.
a. Describe examples of harassment and intimidating behaviors in the media.
b. Analyze how sharing or posting personal information electronically about self or others on social media sites can negatively impact personal safety of self or others.
c. Analyze the influence of peer groups as they relate to harassing and intimidating behaviors.
d. Explain strategies to manage personal information in electronic communications and when using social media to protect the personal safety of one's self and others.
e. Describe ways to combat multiple types of bullying (e.g., cyber bullying and traditional bullying).

Clarifying example: Students research articles regarding positive strategies to protect self and others from technology/online harassment.

Clarifying example: Students write to explain how safe use of social media can be applied in their personal lives.

Clarifying example: Students create a visual representation to combat bullying.

Clarifying example: Students assess a safety issue prevalent in his or her community and develop a plan to combat the issue through advocacy, sharing resources, and accessing support.

2. Assess and respond appropriately to sexual aggression.
a. Describe and demonstrate ways to prevent sexual aggression.
b. Evaluate resources for victims of sexual aggression.

Clarifying example: Students differentiate between different types of sexual aggression and develop/defend an argument related to the level and quality of services available, listing community centers for victims of sexual aggression.

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Standard 5:   **Safety and Injury Prevention—Students will demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in the home, school, and community.**

3. Assess and respond appropriately to dating violence.
a. Compare appropriate and inappropriate verbal and/or nonverbal interactions with dating partner.
b. Explain how to effectively ask for assistance to improve the safety of one's self when in a violent relationship.
c. Analyze the effect of media and technology on safety and injury prevention practices and behaviors.

Clarifying example: Students create an advertising campaign on the warning signs of abusive dating relationships including statistics and community resources.

Clarifying example: Students role-play how to effectively ask for assistance.

4. Recognize and examine contributors to gang violence.
a. Describe appropriate behavior to resist and prevent gang activity and violence.
b. Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy safety and injury prevention practices and behaviors.

Clarifying example: Students write a persuasive letter detailing statistics and research regarding gang or other forms of violence in his or her community and detailing possible solutions to eradicate the problem.

VIII. Responding to Emergencies—Advocacy
1. Demonstrate the ability to respond appropriately to emergency and nonemergency situations.
a. Distinguish between emergency and nonemergency situations.
b. Demonstrate skills related to cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED).

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Standard 6:   Nutrition and Fitness—Students will demonstrate the ability to use nutrition and fitness knowledge, skills, and strategies to promote a healthy lifestyle.

II. Body Image—Analyzing Influences
1. Analyze the influences of family, cultures, media, peers, and personal beliefs on body image.
a. Analyze the impact of media on body image.
b. Implement strategies to counteract negative influences on body image.
c. Analyze eating disorders, the relationship to eating, and the effects on the body.

Clarifying example: Students observe advertisements for popular clothing stores and other media forms, analyze messages, and write an organization arguing for change with justification.

Clarifying example: Students will create a visual representation portraying positive and healthy body image.

2. Analyze healthy and risky approaches to weight management.
a. Demonstrate how to effectively ask for assistance to improve personal food choices, eating behaviors, and weight management.
b. Analyze how culture supports and challenges beliefs, practices, and behaviors related to weight management.
c. Examine the benefits of physical activity in relationship to weight management.
d. Analyze the effect of media and technology on personal, family, and community food choices and other eating behaviors.
e. Generate alternatives when making a decision related to healthy eating behaviors.

Clarifying example: Students research healthy food and drink choices available at a fast food restaurant and write that restaurant with suggestions of how and why to improve the menu.

II. Nutrition Literacy—Analyzing Influences
1. Analyze dietary behaviors and types of diets.
a. Explain how to incorporate an adequate amount of fiber, calcium, and iron into a healthy daily diet.
b. Compare and contrast fad diets with sound weight loss strategies.
c. Describe the various vegetarian diets and how to ensure healthy consumption of daily required nutrients.
d. Describe the relationship between diet and chronic diseases such as heart diseases, cancer, diabetes, hypertension, and osteoporosis.
e. Analyze the influences that culture has on dietary behavior.

Clarifying example: Students investigate fad diets and create a 30-second public service announcement that warns teens of the health dangers associated with fad diets.

Clarifying example: Students develop a plan for incorporating appropriate food choices and exercise into a weekly plan.

2. Describe and analyze nutrition literacy strategies.
a. Analyze food labeling, nutrition information, and ingredient listings.
b. Compare and contrast information from nutrition facts labels from similar products.
c. Analyze the effects of media and advertising on consumers as it relates to nutritional claims.

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d. Recognize and evaluate the dangers of the amount of sugar consumed in popular drinks and food; how sugar reacts and is stored in the body.

Standard 6:   Nutrition and Fitness—Students will demonstrate the ability to use nutrition and fitness knowledge, skills, and strategies to promote a healthy lifestyle.

II. Nutrition Literacy—Analyzing Influences

Clarifying example: Students analyze the sugar content in popular drinks and compare their measurement to the recommended daily sugar allocation, assessing possible effects on their bodies.

VII. Nutrition for Disease Prevention—Self-Management
1. Evaluate personal healthy eating practices and behaviors that reduce or prevent diseases.
a. Demonstrate healthy eating practices and behaviors to improve the health of one's self and others.
b. Summarize food safety strategies which control germs that cause food borne illnesses.
c. Adapt healthy eating messages and communication techniques to reach high school students in preventing diseases.

Clarifying example: Students develop a visual representation of the basic steps for keeping food safe to display in the cafeteria and other locations where students eat or prepare food at school.

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Standard 7: **Disease Prevention and Control—Students will demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease.**

III. STIs, HIV, and AIDS—Accessing Information
1. Recognize common STIs and how they spread.
a. Summarize signs, symptoms of, and treatments for common STIs including HIV.
b. Implement strategies, including self-monitoring, to achieve a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STIs.
c. Demonstrate the ability to recognize and resist high-risk behaviors for STIs and HIV.
d. Analyze the effectiveness of correct and consistent use or typical use of condoms in reducing the risk of HIV and other infections by STIs including HPV.
e. Justify why abstinence from sex and drugs is the safest, most effective risk avoidance method of protection from HIV and other STIs.

Clarifying example: Students compare and contrast symptoms, diagnosis, prevention, and treatment of STIs in males and females.

Clarifying example: Students identify resources in the community where teens can find accurate information about the diagnosis and treatment of diseases.

Health Education Stakeholder Input and Feedback 2013–2014

Meetings	Dates
Montgomery County School Health Council	September 16, 2013 6:30–8:00 p.m.
Curriculum Advisory Committee (CAC)	September 25, 2013 6:30–8:00 p.m.
Interagency Coalition on Adolescent Pregnancy (ICAP)	October 15, 2013 1:30–3:00 p.m.
CAC	October 23, 2013 6:30–8:00 p.m.
CAC	November 20, 2013 6:30–8:00 p.m.
Montgomery County Government, Commission on Children and Youth, Youth Having a Voice Roundtable	December 4, 2013 6:30–8:00 p.m.
CAC	December 11, 2013 6:30– 8:00 p.m.
Montgomery County School Health Council	December 16, 2013 6:30–8:00 p.m.
Curriculum Advisory Assembly	December 18, 2013 8:30–11:00 a.m.
Montgomery County Government, Commission on Children and Youth, Youth Having a Voice Roundtable	January 8, 2014 7:00–8:00 p.m.
Middle School Health and Physical Education Resource Teacher Meeting	January 8, 2014 3:30–5:00 p.m.
CAC	January 15, 2014 6:30–8:00 p.m.
High School Health and Physical Education Resource Teacher Meeting	January 29, 2014 3:00–4:30 p.m.
ICAP	February 18, 2014 1:30–3:00 p.m.
CAC	February 19, 2014 6:30–8:00 p.m.

Curriculum Advisory Committee Membership 2013–2014

Revisions to the Code of Maryland Regulations (COMAR) §13A.04.18 in March 2011 resulted in changes to the state mandates for health education. COMAR no longer requires local Board oversight of health education beyond local policies for curriculum development. The Board-appointed Citizens Advisory Committee on Family Life and Human Development (CACFLHD) members were invited to participate in the Curriculum Advisory Committee.

CAC Members	Role
Argue, Shari*	Health Manger, Lourie Center Early Head Start
Beabout, Sara+	Teacher, Health Education
Brozewicz, Trina	Teacher, Health Education
Chauhan, Kaushal*+	Accounts Receivable Specialist, NMS Healthcare
Choinska-Powell, Monika	Teacher, Health Education
Corbett, James*+	Vice Chairman, Energy Federal Credit Union
Evers, Stephanie*	Nurse Administrator, School Health Services
Grant, Cara	Supervisor, Health and Physical Education
Kart, Karen	Resource Teacher, Health and Physical Education
Lizarazo, Jenny	Teacher, Health Education
Lizbinski, Rico*	Student, Richard Montgomery High School
McAdam, Alicia*+	Counselor, Dr. Martin Luther King, Jr. Middle School
Mehr, Jeffrey	Content Specialist, Health Education
Nodine, Jean	Teacher, Health and Physical Education
Rismiller, Donna*+	Principal and Founder, Rismiller Law Group, LLC
Shatzer, Teresa+	Resource Teacher, Health and Physical Education
Stewart Albertie, Mamie*	Retired Teacher, Prince George's County Public Schools
Stevenson, Ben	Substance Abuse Prevention Program Manager I, Montgomery County Department of Health and Human Services
DeFrancesco, Susan	Healthy Montgomery Staff, Montgomery County Department of Health and Human Services

*Previous CACFLHD member
+Montgomery County Public Schools Parent